

**\*BIBDATASHEET\*****CONFIRMATION NO. 1470**

Bib Data Sheet

SERIAL NUMBER 10/713,277	FILING DATE 11/17/2003  RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 14423DIV
-----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

**APPLICANTS**

Ajoy Inder Singh, Mumbai, INDIA;

**\*\* CONTINUING DATA \*\*\*\*\***


This application is a DIV of 09/619,625 07/19/2000 PAT 6,669,686

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9917026.8 07/20/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance Examiner's Signature  Initials	STATE OR  COUNTRY INDIA	SHEETS  DRAWING 7	TOTAL  CLAIMS 14	INDEPENDENT  CLAIMS 1
--	---	----------------------------------	----------------------------	---------------------------	--------------------------------

**ADDRESS**
 000293  
 DOWELL & DOWELL PC  
 2111 Eisenhower Ave.  
 Suite 406  
 Alexandria , VA  
 22314
**TITLE**

Method and apparatus for arterial ablation

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---